



City of Burlington

City Hall - 300 N. Pine Street

Burlington, Wisconsin 53105-1460

Phone: (262) 342-1161 Fax: (262) 763-3474

For forms online go to www.burlington-wi.gov

FOR OFFICE USE ONLY

PERMIT NO. (not C.U.) _____

AMT. PAID: \$ _____

DATE FILED: _____

DATE PUBLISHED: _____

PUBLIC HEARING DATE: _____

NOTICES MAILED: _____

RECEIVED BY: _____
(initials)

APPLICATION FOR A ZONING PERMIT, CERTIFICATE OF COMPLIANCE, OR CONDITIONAL USE PERMIT

- ☐ Zoning Permit - \$20.00 ☐ Joint Zoning/Certificate of Compliance - \$30.00
☐ Certificate of Compliance - \$10.00 ☐ Conditional Use Permit - \$200.00

Instructions: Applications are to be filed with the Zoning Administrator, who shall refuse applications that are not complete or that are not legible.

NAMES AND ADDRESSES

Applicant _____

Phone No. _____ Fax No. _____

Applicant's Address _____

Owner of the site _____

Phone No. _____ Fax No. _____

Owner's address _____

Architect / Professional Engineer _____

Architect / Professional Engineer Address _____

Contractor _____

Contractor's Address _____

DESCRIPTION OF THE SUBJECT SITE

Address: _____

Or if no address exists: Parcel Identification No. _____

Existing Zoning classification _____

Description of existing use _____

Description of the proposed use _____

Number of employees / Hours of operation _____

**ATTACHMENTS –
THE FOLLOWING ITEMS MAY NEED TO BE ATTACHED TO THIS APPLICATION:**

PLAT OF SURVEY – prepared by a registered land surveyor showing the location, boundaries, elevations, uses and size of the following: subject site; existing and proposed structures; existing and proposed easements, streets and other public ways; off-street parking, loading areas and driveways; existing highway access restrictions; existing and proposed street, side and rear yards. In addition, the plat of survey shall show the location, elevation, and use of any abutting lands and their structures within (40) feet of the subject site.

If municipal sewage service or water service is not available, a plan shall be approved by the City Engineer who shall certify in writing that satisfactory, adequate and safe sewage disposal and/or a safe supply of water, is possible on the site as proposed by the plan in accordance with applicable local, county and state board of health regulations.

Additional information as may be required by City Officials.

Reason for requesting a Conditional Use (for Conditional Use Permit Only):

Certificate – I hereby certify that all the preceding statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.	
Applicant _____ (Signature)	_____ (Print)
Owner _____ (Signature)	_____ (Print)
Date: _____	Date application Filed: _____

- Applications will not be processed without the property owner's signature.
- Permit may be revoked without notice if misrepresentation of any of the above information or attachments is found to exist.
- Permit is Null and Void if issued in error. It is understood that any permits issued on this application will not grant any right or privilege to erect any structure or to use any premises for any purpose that is prohibited by the Zoning Ordinance or any other state or local laws.
- Changes in the plans or specifications submitted in the original application shall not be made without prior written approval of the Zoning Administrator.

Zoning Administrator: _____
(Signature)

Date: _____